

State of California Kevin Shelley Secretary of State



In the Office of the Secretary of State of the State of California

APR 0 7 2003

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APPROVED BY SECRETARY OF STATE

Zein Finley KEVIN SHELLEY, Secretary of State

LIMITED LIABILITY COMPANY - STATEMENT OF INFORMATION

Filing Fee \$20.00 - If Amendment, See Instructions

IMPORTANT- Read Instructions Before Completing This Form

LIMITED LIABILITY COMPANY NAME: (Do not alter if name is preprinted.)

Earth Escapes, LLC

SEC/STATE FORM LLC-12 (REV. 01/03)

					This Space For Filling Has Only
2.	SECRETARY OF STATE FILE NUMBER	3.	STATE OR PLACE OF O		his Space For Filing Use Only
2. SECRETARY OF STATE FILE NUMBER 200010210021			California	KGANIZA	ATION
			Calliornia		
4.	PRINCIPAL EXECUTIVE OFFICE				
	<u>street</u> ADDRESS 300 Loma Metisse				
	спү Malibu		STATE CA ZI	CODE	90265
5.	CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (FOR	DOME	STIC ONLY)		
	STREET ADDRESS 300 Loma Metisse				
	CITY Malibu		STATE CA ZII	CODE	90265
6.	CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE	AGEN			90765
٠.	AN INDIVIDUAL RESIDING IN CALIFORNIA.				
	A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO CALIFORNIA CORPORATIONS CODE SECTION 1505.				
			TO GILLI OTTANTOGIA GI		OODE CECTION 1988.
	AGENT'S NAME: Henry Root				
	the state of the s				
	ADDRESS OF THE AGENT FOR GERMAN OF DROOTERS IN CALLED		(F 41) MB0 05(4)	·····	
7.	ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFO	IKNIA,	, IF AN INDIVIDUAL		
	ADDRESS 1541 Ocean Avenue				
	CITY Santa Monica DESCRIBE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMP		STATE CA ZII	CODE	90401
8.	DESCRIBE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMP	ANY.			
	Entertainment				
9.	LIST THE NAME AND COMPLETE ADDRESS OF ANY MANAGER O	R MAI	NACERS OR IE NONE HA	VE REE	APPOINTED OF ELECTER
٥.	PROVIDE THE NAME AND ADDRESS OF EACH MEMBER. ATTACH	ADDI	ITIONAL PAGES, IF NECE	SSARY.	TAPPOINTED ON ELECTED,
9a.	NAME Land of Os, Inc., a Tennessee corr				
	ADDRESS 329 Harbor Drive	OLA	.c.con		
			STATE TINT ZIE	CODE	27120
9b.	NAME Old Hickory		SIAILIIN 21	OODL	37138
eu.	ADDRESS				
	CITY		STATE ZII	CODE	
9c.	NAME				
	ADDRESS				
	CITY		STATE ZIF	CODE	
10.	CHIEF EXECUTIVE OFFICER (CEO), IF ANY				
	NAME				
	ADDRESS				
	CITY	:	STATE ZI	P CODE	
11.	NUMBER OF PAGES ATTACHED, IF ANY:				
12.	THIS STATEMENT IS TRUE, CORRECT, AND COMPLETE.				
	Marc Oswald, President of		b		e 1
	Land of Os, Inc. $\mathcal{M}_{\mathscr{A}}$	-er (()()	ager	7/2 1/CB
	TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATUR	E	TITLE	TACT	DATE
DUE DATE.					
DUE DATE:					